Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Coalition for Affordable Housing. Sponsored by AIDS Healthcare Foundation and ACCE Action.		Date of This Filing05/18/2018	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (310)576-1233	I.D. NUMBER (if applicable) 1399958	Report No17		For Official Use Only	
STREET ADDRESS		Amendment to Report No	Page 1 of 3		
CITY Los Angeles	STATE ZIP CODE CA 90024	(explain below) No. of Pages 3			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/18/2018	California Nurses Assocation Initiative PAC Oakland, CA 94612 ID# 941597 Memo Reference: INC:S497:375	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$50,000.00
05/18/2018	California Nurses Association Oakland, CA 94612	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$50,000.00
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC		

*Contributor Codes

IND - Individual PTY - Political Party

COM - Recipient Committee (other than PTY or SCC) SCC - Small Contributor Committee

OTH - Other

Reason for Amendment:

Amended to clarify the intermediary.

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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STREET ADDRESS		Amendment to Report No	Page 2 of 3		
CITY Los Angeles	STATE ZIP CODE CA 90024	No. of Pages 3			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Amended to clarify the intermediary.

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: INC:S497:375 Intermediary for California Nurses Assn.
Intermediary for California Nurses Assn.